

**UNITED STATES BANKRUPTCY COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION**

In re:

Bequethal L Lewis

Debtor(s)

Case No. 16 B 15646

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**CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT**

Marilyn O. Marshall, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C. § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 05/07/2016.
- 2) The plan was confirmed on 07/07/2016.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C. § 1329 on 07/07/2016.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was Converted on 09/01/2016.
- 6) Number of months from filing to last payment: 3.
- 7) Number of months case was pending: 9.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: NA.
- 10) Amount of unsecured claims discharged without payment: \$0.00.
- 11) All checks distributed by the trustee relating to this case have not cleared the bank.

**Receipts:**

Total paid by or on behalf of the debtor	\$550.00
Less amount refunded to debtor	\$113.33

**NET RECEIPTS:** **\$436.67**

**Expenses of Administration:**

Attorney's Fees Paid Through the Plan	\$420.00
Court Costs	\$0.00
Trustee Expenses & Compensation	\$16.67
Other	\$0.00

**TOTAL EXPENSES OF ADMINISTRATION:** **\$436.67**

Attorney fees paid and disclosed by debtor: \$350.00

**Scheduled Creditors:**

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Int. Paid
Advocate Trinity Hospital	Unsecured	0.00	NA	NA	0.00	0.00
Afni, Inc	Unsecured	355.00	NA	NA	0.00	0.00
ALLIANCEONE RECVBLES M	Unsecured	2,151.00	NA	NA	0.00	0.00
CCI Contract Callers Inc	Unsecured	1,493.24	NA	NA	0.00	0.00
CDA/PONTIAC	Unsecured	306.00	NA	NA	0.00	0.00
City of Chicago Department of Revenue	Unsecured	1,800.00	2,975.00	2,975.00	0.00	0.00
Dt Credit	Secured	17,810.00	NA	NA	0.00	0.00
Furniture Zone	Unsecured	454.00	NA	NA	0.00	0.00
Holy Cross Hospital	Unsecured	4,396.12	NA	NA	0.00	0.00
I C System Inc	Unsecured	355.00	NA	NA	0.00	0.00
MONTEREY FINANCIAL SVC	Unsecured	1,000.00	NA	NA	0.00	0.00
Nicor Gas	Unsecured	2,000.00	NA	NA	0.00	0.00
State Collection Servi	Unsecured	390.00	NA	NA	0.00	0.00
Stroger Hospital of Cook County	Unsecured	398.00	NA	NA	0.00	0.00
TSI/909	Unsecured	654.00	NA	NA	0.00	0.00

<b>Summary of Disbursements to Creditors:</b>			
	<u>Claim Allowed</u>	<u>Principal Paid</u>	<u>Interest Paid</u>
<b>Secured Payments:</b>			
Mortgage Ongoing	\$0.00	\$0.00	\$0.00
Mortgage Arrearage	\$0.00	\$0.00	\$0.00
Debt Secured by Vehicle	\$0.00	\$0.00	\$0.00
All Other Secured	\$0.00	\$0.00	\$0.00
<b>TOTAL SECURED:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Priority Unsecured Payments:</b>			
Domestic Support Arrearage	\$0.00	\$0.00	\$0.00
Domestic Support Ongoing	\$0.00	\$0.00	\$0.00
All Other Priority	\$0.00	\$0.00	\$0.00
<b>TOTAL PRIORITY:</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>GENERAL UNSECURED PAYMENTS:</b>	<b>\$2,975.00</b>	<b>\$0.00</b>	<b>\$0.00</b>

<b>Disbursements:</b>		
Expenses of Administration	<u>\$436.67</u>	
Disbursements to Creditors	<u>\$0.00</u>	
<b>TOTAL DISBURSEMENTS :</b>		<b><u>\$436.67</u></b>

12) The trustee certifies that the foregoing summary is true and complete and all administrative matters for which the trustee is responsible have been completed. The trustee requests that the trustee be discharged and granted such relief as may be just and proper.

Dated: 01/30/2017

By: /s/ Marilyn O. Marshall

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Trustee

**STATEMENT:** This Unified Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.